

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Wellcare Health Plans, Inc. PAC (WellCare PAC)

ADDRESS (number and street) ▼

8735 Henderson Road

☐ Check if different than previously reported. (ACC)

Tampa

FL

33634

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00390575

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Thomas Tran

Signature of Treasurer

Thomas Tran

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 18 / 2012 To: M M / D D / Y Y Y Y Y Y
11 / 26 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		24827.49
(b) Cash on Hand at Beginning of Reporting Period.....	55273.26	
(c) Total Receipts (from Line 19)	5599.10	76045.20
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	60872.36	100872.69
7. Total Disbursements (from Line 31)	500.00	40500.33
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	60372.36	60372.36
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	6		2	0	1	2

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2276.83	68007.58
(ii) Unitemized	3322.27	8037.62
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5599.10	76045.20
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	5599.10	76045.20
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	5599.10	76045.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	5599.10	76045.20

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	33500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	500.00	7000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	500.00	40500.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	500.00	40500.33

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5599.10	76045.20
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5599.10	76045.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.33
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Nicholas Abid

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2012

Transaction ID : SA11AI.5583

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Nicholas Abid

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2012

Transaction ID : SA11AI.5553

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Bryan M. Baier

Mailing Address 8735 Henderson Blvd.

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2012

Transaction ID : SA11AI.5551

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Richard O. Banner

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.75

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2012

Transaction ID : SA11AI.5577

Amount of Each Receipt this Period

46.15

Full Name (Last, First, Middle Initial)

B. Robert A. Beck

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2012

Transaction ID : SA11AI.5549

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. David Cure

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2012

Transaction ID : SA11AI.5491

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

238.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. William W. Davies

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2012

Transaction ID : SA11AI.5522

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. William W. Davies

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2012

Transaction ID : SA11AI.5523

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Elizabeth Goodman

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2012

Transaction ID : SA11AI.5497

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michael Haber

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2012

Transaction ID : SA11AI.5498

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Michael Haber

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2012

Transaction ID : SA11AI.5499

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Gregg Haddad

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2012

Transaction ID : SA11AI.5563

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Laura Hungiville

Mailing Address 3010 Key Harbour Dr

City State Zip Code
 Safety Harbor FL 34695

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 20 / 2012

Transaction ID : SA11AI.5495

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Jeffry P. Lannigan

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 20 / 2012

Transaction ID : SA11AI.5565

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Kevin A. LeBlanc

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 20 / 2012

Transaction ID : SA11AI.5542

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Lance D. Marshall

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

11 / 20 / 2012

Transaction ID : SA11AI.5493

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Wendy A. Morriarty

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

11 / 20 / 2012

Transaction ID : SA11AI.5579

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Michael R. Polen

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

11 / 20 / 2012

Transaction ID : SA11AI.5514

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Mary Catherine Powell-Voight

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

11 / 01 / 2012

Transaction ID : SA11AI.5558

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Mary Catherine Powell-Voight

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

11 / 20 / 2012

Transaction ID : SA11AI.5559

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Lauralie M. Rubel

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

11 / 01 / 2012

Transaction ID : SA11AI.5532

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Lauralie M. Rubel

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

11 / 20 / 2012

Transaction ID : SA11AI.5533

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Alan R. Smith

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

11 / 20 / 2012

Transaction ID : SA11AI.5501

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. John David White

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.53

Date of Receipt

11 / 20 / 2012

Transaction ID : SA11AI.5470

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

211.53

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michael Carl Yount

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐
☐

Primary

☐
☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 20 / 2012

Transaction ID : SA11AI.5483

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐
☐

Primary

☐
☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
 / /

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐
☐

Primary

☐
☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
 / /

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

96.15

TOTAL This Period (last page this line number only)..... ►

2276.83

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Committee for Craig Eiland

Mailing Address 7902 Channelview

City	State	Zip Code
Galveston	TX	77554

Purpose of Disbursement
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2012

Transaction ID : SB29.5586

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

500.00

500.00
